Managing Demand and Workload

Due to the positive response to the “Quality First: Managing Workload” document NIGPC has decided to send a hard copy to every GP in Northern Ireland.

This advice was developed at GPC London BMA with legal advice taken throughout and I want to highlight some sections that will be of particular interest for practices struggling with workload (that’s all of us).

– Page 20 List management looking at list closure, reduction of practice area and informal list measures. Discuss this with your LMC and local board office before you action any of these.
– Appendices 3/4/5/6: templates for – response to follow up investigations; post op checks; missed appointments and workload transfer. These can be actioned through your GP federation.
– Enhanced and Additional services – if your practice is struggling to cope with demand look at stopping services that fall outside essential services.
– Look at Part 3 on reducing bureaucracy and non NHS work- my practice routinely declines the opportunity to be the occupational health physician for local employers.

Federations

We now have 14 out of the total of 17 federations incorporated as Community Interest Companies and the first six federations will now be funded by the HSCB to employ pharmacists to work in GP practices. This will help practices with their workload and the funding stream starts on 1 October 2015 with expansion of the scheme in April 2016. The plan is to eventually have a pharmacist working in every GP practice in Northern Ireland to help with prescriptions, chronic disease management, DMARDS etc.

3% superannuation

NIGPC has been working very hard for the last six months to have this significant sum of money funded for practices, backdated to 01 April 2015. This is the increase in employers’ contributions for GPs and their staff. We have advised HSCB and DHSSPSNI that we expect this money to be in practice accounts this month.
**Quality Outcomes Framework**

We remain frustrated with the delay in the IT solution for the 15/16 QOF rules, and are working closely with HSCB to ensure this is resolved with the suppliers as quickly as possible so that practices can accurately know where they are and what they need to achieve this year.

**Tamiflu prophylaxis**

We have told the HSCB and the Public Health Agency (PHA) that blanket Tamiflu prophylaxis for nursing home residents is not General Medical Services (GMS). If they feel that this service needs to be provided then a DES can be created or better still these cases can be dealt with by public health doctors from the PHA. You should redirect any such requests from nursing homes back to the HSCB and PHA. We have also agreed a revised PGD for flu vaccination for patients lacking consent. This should make this significantly easier for practices, rather than having to fill in an individual form for every patient.

**Workforce**

We have failed to persuade the Department of Health to increase the number of GP trainees in Northern Ireland from the present complement of 65 per year up to a sustainable level of 111 GP trainees per year. This is now our number one priority (well maybe number two after workload reduction) and we have arranged a meeting with the Minister Simon Hamilton (he’s only rearranged our meeting twice so far) to emphasise the workforce crisis in general practice.

**Rescue Team**

NIGPC recognises that practices are struggling and that a small number have collapsed due to workload and workforce problems. A Rescue Team has been set up by the LMCs to help practices cope and its members are Dr Brian Patterson, Dr Brian Dunn and Dr Eugene Deeny who have between them a combined total experience of more than 100 years. They will work with the LMCs and the HSCB to support practices in need of help.

**Northern Ireland Public Services Ombudsman Bill**

GP’s who are insured by MPS will have received warning of the implications of this new legislation proposed for the NI Assembly with loss of legal representation, loss of legal privilege and unlimited "consolatory payments" being some of the problems inherent in these proposals. GP reps and BMA staff along with external legal counsel are working very hard to ameliorate this proposal and have met with the MLAs involved to emphasise the destruction this would cause for GP practices and their services.

The ombudsman’s proposals include the naming and shaming of GPs in the Assembly. Given the recent call by NICE to “punish” GPs for prescribing antibiotics, the endless drivel from the tabloid press and the constant culture of complaint and criticism from quangos my most recent tweet was; “Message to government funded quangos wanting to abuse GPs. Please form an orderly queue. This scramble is embarrassing.”@TomblackBlack

**NIGPC**

Finally, NIGPC has been reconstituted and several longstanding members have retired namely Brian Dunn, Brian Patterson, Eugene Deeny, Windsor Murdock and Jimmy Courtney. Others standing down are Sean Wilson, Paul Molloy, Jim Bissett, Paul Conn and James Crothers. I would like to take this opportunity to pay tribute to the huge contribution they have made to the work of NIGPC over many years.